CLERKS OFFICE U.S. DIST. COURT AT CHARLOTTESVILLE, VA FILED

July 19, 2024 LAURA A. AUSTIN, CLERK BY s/S. MELVIN DEPUTY CLERK

UNITED STATES DISTRICT COURT WESTERN DISTRICT OF VIRGINIA CHARLOTTESVILLE DIVISION

IN THE MATTER OF THE ADMINISTRATIVE INSPECTION OF TOP NOTCH PHARAMCY, L.L.C. 943 PRESTON AVENUE CHARLOTTESVILLE, VA 22903 Magistrate's Docket No.

Case No. 3:24MJ00032

ADMINISTRATIVE INSPECTION WARRANT RETURN

Date and time warrant executed: July 16, 2024 at 9:00 A.M.

<u>Copy of warrant and inventory left with:</u> Leah Argie, owner of TOP NOTCH PHARMACY, LLC.

<u>Inventory of the property taken:</u>

Amount or Quantity	Description of Item(s)	Purpose (If Applicable)
Numerous	Inventory for Drug: Hydroco/APAP 5-325mg	Inspection
Numerous	Rx List for Drug: Hydroco/APAP 5-325mg	Inspection
Numerous	Inventory for Drug: Amphetamine 20mg	Inspection
Numerous	Rx List for Drug: Amphetamine 20mg	Inspection
Numerous	CSOS Ordering Paperwork	Inspection
Numerous	Medisca Invoices	Inspection
Numerous	PCCA Invoices	Inspection
Numerous	Detailed Dispensing Default (Testosterone)	Inspection
1	Top Notch Family Pharmacy Control Substance Policy Updates	Inspection
1	Top Notch Family Pharmacy Changing On-Hands	Inspection
1	Electronic Copy of Hard Drive	Inspection
Numerous	Inventory for Drug: Amphet/Dextr 20mg	Inspection
Numerous	Rx List for Drug: Amphet/Dextr 20mg	Inspection
Numerous	Inventory for Drug: Adderall XR 20mg	Inspection
Numerous	Rx List for Drug: Adderall XR 20mg	Inspection
Numerous	Inventory for Drug: Oxycodone 10mg	Inspection
Numerous	Rx List for Drug: Oxycodone 10mg	Inspection
Numerous	Inventory for Drug: Methylphenidate 5mg	Inspection
Numerous	Rx List for Drug: Methylphenidate 5mg	Inspection

I declare under penalty of perjury that this inventory is correct and was returned along with the original

warrant to the designated judge.

Date: July 18, 2024

Songe L. Roldan Cubero

Executing agent signature

Jorge L. Roldan Cubero, DI

Printed name and title

Received in chambers by reliable electronic means on July 19, 2024.

John C. Hyppe USMJ

Case 3:24	RECEIPT FOR CASH	TOR OTHER 1T	Page 3 of 4	Pageid#: 10	
TO: (Name, Title, Address (including ZIP CODE), if applicable)		CASE NO.		G-DEP	
Top Notch Pharmacy, LLC		FILE TITLE	EII E TITI E		
EDOM OF AIMANIT (IMPREST	ONII VI.				
FROM CLAIMANT (IMPREST NAME JOYGE L. RO	dan Cubero digits of SSN				
GROUP 65		DATE (DATE Sulv 16, 2024		
DIVISION/DISTRICT OFFICE			CS NUMBER		
RDO			CALENDAR YEAR CAP		
EXTENSION APPROVAL APPROVER		LIFETIME CA	LIFETIME CAP Title (and printed name/date if not signed digitally)		
DATE EXTENDED THROUGH					
	I hereby acknowledge receipt of the follow which was given into my custody by the al	wing described cash or oth bove named individual.	her item(s),		
AMOUNT or QUANTITY	DESCRIPTION OF ITEM(S	S)	PUR	POSE (If Applicable)	
Numerous	Inventory for Drug: Hydroco	/APAP 5-325mg	Inspec	tion	
Numerous	Rx List for Drug: Hydroco /APA	P5-325mg	Inspec	tion	
Numerous	Inventory for Drug: Ampheta	mine 20mg	Inspec-	tion	
Numerous	Rx List for Drug : Amphetamin	ne 20 mg	Inspec	tion	
Numerous	CSOS Ordering paperwork		Inspec	tion	
Numerous	Medisca Invoices		Inspect	rion	
Numerous	PCCA Invoices		Inspect	ion	
Numerous	Detailed Dispensing Defa	ult (Testosterone)	Inspect	ion	
1	Top Notch Family Pharmacy Control Substance Policy	Updates	Inspect	ion	
ļ	Top Notch Family Pharmacy Changing on-Hands		Inspect	ion	
1	Electronic copy of Harddrive		Inspecti	ón	
First Level Approver	Title (and printed name/ date if not signed digitally)				
Second Level Approver, if any	Title (and printed name/ date if not signed digitally)				
Third Level Approver, if any	Title (and printed name/				
Additional Approver, if any	date if not signed digitally) Title (and printed name/				
		date if not signed digita	illy)		
RECEIVED BY (Signature)	RECEIVED BY (Signature) NAME, TITLE and DATE				
Leah Argie			PIG 7	1/16/24	
		NAME, TITLE and DAT			
De The		Jorge L. Ro	oldan Cube	ro, DI 7/16/24	
DOCUMENT NUMBER / FISCAL INFORMATION					

Case 3:24	receipt for cash or	8 7/12/2 1T	Page 4 of 4	Pageid#: 11		
TO: (Name, Title, Address (including ZIP CODE), if applicable)		CASE NO.		G-DEP		
Top Notch Pharmacy, LLC		FILE TITLE				
FROM CLAIMANT (IMPREST ONLY): NAME Jorge L. Roldan Cubero DIGITS OF SSN			: 10			
3		DATE 1 1/2 2.62 //				
GROUP 65 DIVISION/DISTRICT OFFICE		CS NUMBER				
DN 4		CALENDAR YEAR CAP				
KDO		LIFETIME CAP				
EXTENSION APPROVAL DATE EXTENDED THROUGH	APPROVER			name/date if not signed digitally)		
DATE EXTENDED THROUGH	I hereby acknowledge receipt of the following des which was given into my custody by the above nar	cribed cash or ot	her item(s),			
AMOUNT or QUANTITY	DESCRIPTION OF ITEM(S)	ned marviddar.		RPOSE (If Applicable)		
Numerous	Inventory for Drug: Amphet / Dext	r 20mg	20mg Inspection			
Numerous	Rx List for Drug: Amphet / Dext	20	2. – 1:			
Numerous	Inventory for Drug: Adderall XR 20mg		Inspecti	on		
Numerous	Rx List for Drug: Adderall XR	Rx List for Drug: Adderall XR 20mg		Inspection		
Numerous	Inventory for Drug: Oxy codone	nventory for Drug: Oxy codone 10mg		Inspection		
Numerous	Rx List for Drug: Oxy codone	10mg	Inspecti	ion		
Numerous	Inventory for Drug: Methylphe	nidate 5mg	Inspecti	on		
Numerous	Rx List for Drug: Methylphenidate	5mg	Inspect	ion		
First Level Approver	Title (and printed name/ date if not signed digitally)					
Second Level Approver, if any						
Third Level Approver, if any	Title (and printed name/ date if not signed digitally)					
Additional Approver, if any	Title (and printed name/ date if not signed digitally)					
RECEIVED BY (Signature)		TITLE and DAT		116 (74)		
WITNESSED BY (Signature)		eah Argie DIC The 124				
De Tall	1 .0	rge L. Roban Cubero, DI 7/10/2				
DOCUMENT NUMBER / FISC	AL INFORMATION					

FORM DEA-12 (DEC 2021)